

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005724

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 27

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

FILED FEB 26 1963

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Liberty</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Odd Fellows Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>2800 East 73rd St.</b>	
3. NAME OF DECEASED (Type or print) First <b>BERNARD</b> Middle <b>ALVIN</b> Last <b>PARKER</b>		4. DATE OF DEATH Month <b>February</b> Day <b>17</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-21-1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Power &amp; Light Co.</b>	
11a. FATHER'S NAME <b>William Parker</b>		11b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		12b. INFORMANT <b>Mrs. Jack Allen</b>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio Sclerosis</b>		14. NAME OF HUSBAND OR WIFE <b>Hallie Parker</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1-9-62</b> to <b>Feb. 17-63</b> and last saw him alive on <b>Feb. 17-63</b> Death occurred at <b>4 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Wm H. Goodson</b>		22b. ADDRESS <b>Liberty Mo</b>	
22c. DATE SIGNED <b>2/8/63</b>		22d. SIGNATURE <b>Mabel Graham</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-19-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	
23d. FUNERAL DIRECTOR <b>Mehlebach</b>		23e. ADDRESS <b>6800 Troost</b>	
24. DATE RECD. BY LOCAL REG. <b>2-18-63</b>		25. REGISTRAR'S SIGNATURE <b>Mabel Graham</b>	

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Dr. Goodson  
Old Fellows Hosp. - Sterling 1-2326  
Liberty, Mo.

FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Robert L. Landers

Licensed Embalmer No.

5103

P. O. Address

K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.